

U.S. DEPT OF COMMERCE, NOAA
NMFS PERMITS BRANCH, F/SER1
263 13th Avenue South
St. Petersburg, FL 33701
727/824-5326 (8 am - 4:30 pm ET)
<http://sero.nmfs.noaa.gov>

CHANGE OF INFORMATION FORM FOR FEDERAL FISHERIES PERMITS



FOR OFFICE USE ONLY
APPLICATION ID

FOR OFFICE USE ONLY	
Reviewer Initials and Date	
Expiration Date:	
Check/Money Order Number	

Federal regulations require permit holders to notify the Permits Branch of any change of information concerning the vessel and /or permit owner within 30 days of the change. Failure to notify the Permits Branch of the change - especially an address change - may adversely impact your permits. If you need additional forms, photocopy this blank form as many times as needed and fill out one for each person/business. Mark the box that applies to whom the change is for. Fill in the form with the new address(es) and telephone number. The form must be signed by the person named on the form or by an officer or shareholder if the change is for a business. There are no fees required to change/correct the information in sections 1 or 2.

SECTION 1. VESSEL INFORMATION

USCG DOCUMENT NUMBER or State Registration Number	VESSEL NAME
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BRIEFLY TELL US WHAT INFORMATION ABOUT THE VESSEL NEEDS TO BE CORRECTED

SECTION 2. VESSEL OWNER INFORMATION

This entity is a vessel OWNER <input type="checkbox"/> or PERMIT HOLDER (if not the vessel owner) <input type="checkbox"/> Other (describe) <input type="checkbox"/> _____				
Check one <input type="checkbox"/> INDIVIDUAL or SOLE PROPRIETORSHIP <input type="checkbox"/> JOINT OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____				

Mailing Recipient - Mark this box only if you want this entity to receive all mail concerning this permit.

Mr/Mrs/Ms	Last Name or Name of Business	First Name	Middle Name	Suffix Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt/Suite #	City	State	County	Zip Code	Country
<input type="text"/>						

Physical Address	Apt/Suite #	City	State	County	Zip Code	Country
<input type="text"/>						

Check box if same as Mailing Address

Area Code	Phone Number
<input type="text"/>	<input type="text"/>

SECTION 3. TO QUALIFY INCOME QUALIFIED PERMITS

To qualify a Commercial Gulf of Mexico Reef Fish Permit and/or a King Mackerel Permit you must provide: 1) an original NMFS SERO Income Qualification Affidavit, a check or money order for \$18.00 payable to the U.S. Treasury, and check the box below.

Please qualify my Commercial Gulf of Mexico Reef Fish Permit and/or my King Mackerel Permit with income and issue a corrected permit.

SECTION 4. SIGNATURE OF PERSON REQUESTING THE CHANGE

Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>		